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Original and Selected Articles.

MALARIAL FEVERS—CAUSE AND TREATMENT.

By J. M. LEWIS, M.D., Kosciusko, Miss.

It may be asked if I have anything new to offer on this subject. If the question refers to what is known in reference to "malaria," I would answer, no; but if to the treatment of the fevers, as generally adopted by the physicians of this country, I would answer, yes.

I fear that, too often, in our communications to the journals, we prefer to report novel cases, instead of our experience with familiar diseases. Certainly we in this country cannot write or speak too often about malaria, when we consider at least one-third of our practice is dealing with this poison. In order to speak of the treatment, which is the main object of this paper, I will be allowed to quote from some of our best authorities in reference to what "malaria" is.

Niemyer says: "I have no hesitation in saying, decidedly, that marsh miasm —malaria—must consist of low vegetable organisms, whose development is chiefly due to the putrefaction of vegetable substances. It is true, these low organisms have not actually been observed: no one has seen '*malarious spores.*'

"This poison arises from marshy land in particular conditions, such as decomposition under the influence of partial moisture, and of heat above 60° Fah. If the land is perfectly dry, or perfectly flooded, or frozen, the poison is not generated. It is believed to be a material poison. It may be wafted along with the wind, and so induce fever at a distance from the place where the poison is generated. It may also be intercepted by a belt of trees."

Aitken says: "In these forms of fevers, (speaking of intermittent, remittent and malarious forms of yellow fever), a malarious poison of an unknown kind, generated in paludal regions or littoral districts, is absorbed and affects the blood, as *cholera*, *typhus*, and other '*miasmatic*' poisons do. The poison, in the absence of any better name, is known as '*malaria.*'"

Flint, Wood, and others, say virtually the same.

From the above, it will be conceded that "malaria" is a poison, generated under certain circumstances, a "miasm"

produced, perhaps, by the decomposition of vegetable matter, heat and moisture being required.

This poison being absorbed causes a variety of fevers, which we call intermittent, remittent, malarial, hemorrhagic, and malarial yellow fevers, all these occurring in different degrees of intensity, from a mild intermittent to a pernicious remittent.

Alison says: "If any one has seen only the milder forms of remittent fevers, and had no opportunity of tracing up their several grades, he might well believe, when he saw suddenly the severest variety, that he had before him a distinct affection."

Aitken says (refering to above fevers), all are "similar pathological," *i.e.*, all caused from a malarial poison.

Why the same poison will cause an intermittent fever in one person and remittent fever in another, both being exposed alike, (which we often observe.) is something that we cannot explain; but that it is one and the same poison we have every reason to believe. I will not speak of the diagnosis of these fevers, for they will be easily recognized by their periodicity, and are fully described in our text books on practice.

TREATMENT.—For some time I have had but one remedy for these fevers—and that is sulphate of quinine. I am satisfied all other remedies, (or at least the most of them) are hurtful, especially the one most used, viz: calomel. Mercury in any form is certainly adding fuel to the fire, and not only does harm at the time, but prolongs convalesence.

Headland says: "Mercury excites the functions of the liver, and bowels, being both cathartic and chologogue." Is not the liver in these fevers already excited to increased action, pouring out bile into the stomach and bowels? Why then impose on the abused organ? If we had a remedy that would suspend for a time, the secretions of the liver, would it not be more rational to give it? Mercury was given years ago, and is administered yet by some, (at least two-thirds who practice in this country) under the impression that these fevers were inflammatory. With this idea of the Pathology, there might be some excuse for the practice, but as shown in the first part of the paper, malaria is a poison, affecting every organ in the body, and can be quickly (in the majority of cases) arrested by the use of quinine.

Mercury is one of our most debilitating remedies. "It decomposes the *blood*, and by some destructive agency, it deprives it of one-third of its fibrine, one-seventh of its albumen, one-sixth, or more of its globules, and at the same time loads it with a fœtid matter, the products of decomposition. Such power is posessed by few other medicines, and certainly exerted by none in the same degree as mercury. It is an agent of terrible activity, and we may well be cautious how we handle it. *It disintegrates or decomposes the blood, and thus wastes the body.*

After using mercury physicians speak of the dark offensive discharge that takes place, calling it *bile*, when it owes its color and offensiveness to the decomposition of the mercury in the system, forming a sub-sulphide. The same result can be had in a healthy man, by the use of mercury. The mercury that is given (in many cases) would result more disastrously than it does, were it not for the fact that our systems only absorb so much of mercury, the balance passing through as inert matter.

I believe many cases of reported failures to effect a cure with quinine, are the result of prolonged treatment with mercury. This idea of ("preparatory treatment") first giving calomel and wait until it acts on the bowels, and the fever cools, before using quinine, is deeply rooted in the minds of the people. A farmer said to me a short time ago: "He knew quinine was *the remedy*, but thought that calomel had to be administered first, in order for the quinine to have its good effects." There are many men practicing medicine in this country to-day, who hold to the same idea. Many cases, no doubt, are

annually lost by not giving quinine freely as soon as the patient is seen. This is the practice of Prof. Flint, of New York, and he says he has advocated it for thirty years. In his excellent work on practice, he says:

"For the cure of intermittent fever, medicine possesses specifics, if any remedies are entitled to this appellation. This statement applies especially to the salts of quinia, of which the sulphate is the one almost universally used. The sulphate of quinia will promptly interrupt the recurrence of the paroxysms of intermittent fever in the vast majority of cases. It is always desirable to arrest the disease as speedily as possible. There is no need of preparatory treatment. The use of mercurial cathartics, emetics and bleeding, are injurious, and are not indicated. The pathological views which formerly led practitioners to employ mercury freely in this disease, (speaking of remittent fevers) are not *tenable*, and it may be fairly doubted if clinical observation afford any ground for regarding this remedy as specially indicated."

I have not had the experience that Prof. Flint has, and do not speak with as much authority, as he was practicing before I was born; but so far as it goes I am fully satisfied with quinine alone in the treatment of malarial fevers. To those who adopt similar practice, and they are many, this paper is worthless, but I will venture you have a brother practitioner, who enjoys the confidence of the community in which he lives, to as great an extent as you do—who adopts the old practice—calomel, calomel and quinine, and then quinine and calomel, and when his patient comes back, after he gets through with the above, mouth sore, body wasted, pale and thin, more from the effects of the mercury given than the disease, he will say, "John, you've had a hard spell."

I have seen many cases of fever in the last few days (and at this season of the year, September 1st, we have many cases along the swamp, a few miles from town), when the patient had high fever, delirious, complaining of intense pain in the head, bones aching, restless, etc., and, in little children, convulsions, result of fever, when I would administer, to an adult, 15 to 20 grains of quinine (children's dose in proportion to age), and, if their stomach rejects it, which it will do in many instances, give the same quantity by enema, and often in an hour's time the patient will become rational, fever begin to cool (skin moist), pulse reduced, etc.; and, if it be a child, with convulsions, they will cease. The effect of the remedy is truly wonderful. I will not speak of my own experience, for fear my readers may think I am disposed to boast, but when I am called to a malarial fever case, be it ever so slight, I always give quinine actively, for you cannot tell but what it will assume the pernicious form in a few hours. By this mode of treatment the mild cases will be promptly arrested, and the severe ones will be checked.

Of late I have used sulphate of cinchonidia as a substitute for quinine, and am well pleased with the results.

TERATOLOGY.

BY D. NEWCOMER, M. D.

MR. EDITOR.—In the September numbar of your journal, under the caption of "Maternal Impressions," Dr. George A. Dyer asks this question, "Did they so occur from impressions made on the mother?" I would answer, no. It is true, the cases adduced seem sufficiently striking. There is, however, numerous difficulties in the way of accepting the cause assigned. If a child is born with any malformation the recollection of the mother is racked to discover if something did not occur during gestation to which the appearance may be referred, and it is not often difficult to find some plausible means of explanation. I have had two cases occur in my own practice in which the malformation was similar, if not exactly like the first case described by Dr. Dyer. The first one, the mother (strange as it

may seem), could give no cause for the malformation. The second one, after refreshing her memory, discovered that she had been badly frightened, while walking out with her husband, by treading on a toad, As soon as this discovery was made the good old ladies present saw, as a natural sequence, an exact likeness of the toad in the deformed child before them. Thus, by a little stretch of the imagination, it could be made to resemble either the "Wild Australian Children," or a toad, and, when we reflect that so large a number of women, sometime during pregnancy, have been the subjects of severe frights, fear or anxiety, and so few monstrosities born (about one in every three thousand), we must look elsewhere for the efficient cause of such freaks of nature. This, it may be said, is a sort of negative argument; it is, however, none the le s conclusive. The communication b^{s}tween the mother and *fœtns* is of the most indirect kind, the child can only be affected by the nutriment sent to it by the mother, which may be deficient in quantity or vitiated in quality. In either case the whole organism would be alike affected, and not only a particular part. Any violent mental emotion in the mother may thus destroy the life of the *fœtus* in *utero* by modifying the quantity or the quality of the nutritive matter sent to it. I cannot well conceive how any impression or influence on the imagination of the mother could suspend or arrest the development of organs in the *fœtus*, of which she knows little or nothing. We know that in the lower animals, and even in vegetable life, we have frequent cases of malformation, or "freaks of nature," in which maternal impressions cannot be invoked as the cause. In the case of the woman who saw, sometime during gestation, a man with one arm off, and her child being born with like defect, the arm must have been already formed, and the influence of the mother's "fancy" must have been exclusively exerted upon its absorbents, so as to cause them to take up again that which had already been deposited, It is difficult for us to believe, in this case, that the effect can, in any way, be connected with the assigned cause. It would be much easier to presume that the coincidence in such cases has been accidental. Cases of hair-lip are constantly occurring, yet we never, in such cases, have maternal impressions given as a cause.

M. Dareste has, by various experiments with incubation of eggs, succeeded in submitting to direct observation the evolution of most types of simple monstrosity, and he states, as one of the most general results obtained, "that monstrosities have always their origin in that period of embryonic life when the embryo is entirely formed of homogenious blastema. The monstrous organs first appear with all their teratological characters in blastema which has been previously modified."

In conclusion, M. Dareste remarks that, "though his teratogenic researches have been limited to a single species, they have a much more extensive reference. Indeed, the teretalogical types and processes of formation cited in birds are exactly the same as are observed in mammifers and in fishes * * * This identity of teratological types in mammifers, birds and fishes, is a necessary consequence of the unity of type in vertebrated animals."

From the experiments of M. Dareste it would seem that monstrosities are the result of an arrest of development at some period of embryonic ar fœtal life, and that such arrest cannot be caused by any impressions made upon the mind of the mother, but from causes inherent in the germ or embryo itself.

Mt. Morris, Illinois.

GELSEMINUM.

BY I. J. M. GOSS, M. A. M. D.

Gelseminum is capable of a wide range of action; it is a polychrest, indeed. It comes in appropriately in those diseases in which the motor portion of the spinal cord is involved. Its power to control the heart in remittent

and intermittent fever (in the acme of the fever) is well known. It has a power over certain diseased conditions of the nervous system that cannot be filled by any other remedy. It aids opium, in a marked degree, in subduing pain, and hence, it is one of our best remedies in dysentery, for, it not only acts as an anodyne, but at the same time, it has a specific effect upon that form of inflamation that attacks the mucous membranes. And owing to this property, it is a positive remedy in the early stages of Cartarrh and Gonorrhœa.

I have frequently aborted Gonorrhœa by using Gelseminum internally, in doses of 15 to 20 drops, every three hours; and a wash of Permanganate of Potash for the first one or two days of the attack, when I see the case that early. In sick headache, from determination to the brain, we have no remedy more positive in its curative effects. In Neuralgia of the face and head, it may be alternated with belladonna with the most certain results. In spasmodic affections, it acts with positive certainty. I have often relieved attacks of Asthma with it after Lobelia and other anti-spasmodics had utterly failed. I had a case of Asthma a few days ago, in which I had tried all the various anti spasmodics, as Lobelia, internally, and Nitrite of Amyl, by inhalation, also the vapor of paper steeped in the Nitrate of Potash, and burned in the room, rubbing the chest with chloroform and oil, but all these means failed; finally, I gave the tincture of Gelseminum in doses of 25 drops every three hours, which soon gave relief, producing at the same time quiet and refreshing sleep, which it will generally do, if given in full doses. I use the saturated tincture, made from the green root, for much of it in market is made up from the dry root, and if it be old before it is tinctured, it is worthless.

In cases of obstetrics, where the labor is retarded from a rigid state of the os uteri, there is no remedy that has acted so kindly in my hands. So readily does it overcome the rigidity, and thereby terminate the labor, that some physicians have concluded that it is a valuable parturient, but I have given it to females in the pregnant state, for flux and fever, without any detriment. I am of the opinion that its continued use would cure asthma, provided that the motor system is kept constantly impressed with the remedy, by giving 5 to 10 drops every three or four hours, until that morbid condition is subdued. It is a valuable remedy in cholera-morbus, quieting the system at once, thereby arresting both the vomiting and purging. In that peculiar state of nervous excitement in children from teething, this is one of our best remedies, and if given in time, will prevent spasms, and excessive arterial excitement and fever, so often the results of this condition. It is also a valuable remedy in colliquative diarrhœa of teething children. In tormina and tenesmus of the rectum and bladder, there is no better remedy than gelseminum, for it allays this condition as readily as opium, but does not constipate the bowels. In the early stage of typhoid fever, where there is an excited state of the nervous system, small doses of gelseminum is a valuable remedy, abating the restlessness, and producing sound and refreshing sleep, from which the patient awakes much better. And thus administered, whenever there is an excited condition of the brain and cord, the patient goes through the attack with much less exhaustion than when suffered to do so in this exalted state of the nervous system. Typhoid and typhus fever are disease which materially affect the entire nervous system, and if this element of disease is not looked to, the patient may wear out before the disease can possibly be terminated by any remedial agency. For it is a sad fact, that there has been no specific found for that type of fever as yet, and all that can be done, is to subdue morbid conditions as they occur.

Send in your subscriptions for the MEDICAL RECORD for the new year.

HINTS ON THE MANAGEMENT OF LABOR.

BY A. H. GOELET, M.D., OF NEW YORK.

The article "How to Manage a Case of Labor," by J. W. Martin, M. D., in the April number of your journal, page 86, has brought forth this article, and I intend it only as an appendix to that.

While I appreciate the excellence of his paper, I feel that there are other points necessary for the student and young practitioner, and these I propose to introduce here.

A great deal of time will be unnecessarily wasted if the advice of some authors on this subject be taken.

Meigs says, "Stay with a woman whose *os* is dilated to the size of a silver quarter;" and a great many follow his advice. But it is not always wise to do this. In primiparæ, sometimes the *os* is this size several days before the termination of labor, and even in some multiparæ it is this size twenty four hours before. We all know women are apprehensive at this time, and the slightest thing will sometimes give them alarm. If a physician remains with a patient sooner than is necessary, and she should linger, she will be sure to imagine something is wrong; and this is but natural. She is ignorant of the exact degree of her advancement, but leaves this to her attendant. If she lingers long after he remains with her, she will lose confidence in his judgment, begin to fret and worry, and this will delay it only longer.

If, upon being called to a case of labor, he should find the edges of the *os* thick, rounded, moist, and yielding in a woman who has borne children, he should remain with her if the *os* be considerably dilated, and the pains are severe and frequent; but if the *os* be only slightly dilated, and the pains weak and infrequent, he may either leave her till the pains increase, or he may give m xx. or m xxx. fluid extract of ergot, and remain with her, repeating the dose in half an hour if necessary. (My experience has been that it often takes hour for ergot to act well after it is given. Authorities say twenty minutes.)

If the *os* is found as above described in a woman who has never borne children, there is less risk in leaving her; and, if it be decided to give ergot, it should be given more cautiously and in smaller doses. If, on the other hand, he should find the edges of the *os* thin, sharp, hard, resisting, and undilatable, in any case, the wisest plan is to give m x. or m xii. of Majendie's Solution of Morphine hypodermically, or by the mouth, if there be no objection; and if there be any idiosyncrasy against opium, give a full dose of atropia in some way; then he may leave her until the *os* is relaxed; but first he must gain her confidence by a positive assurance that it is entirely unnecessary for him to remain with her, and that he will return in a few hours. This, while it may or may not produce sleep, acts happily on the *os* by relaxing it, and does not diminish the contractions of the uterus. In a few hours the *os* will be found soft and relaxed.

If rupture of the perineum be imminent, a slight incision with the thumb lancet on each side of the raphæ will avoid a rupture down the center, which is attended with more danger. After delivery, the slight incisions made will be found to amount to nothing, and will soon heal.

[This suggestion to puncture the perineum we think very questionable—Ed.]

With regard to the delivery of the placenta, the sooner you can make the patient comfortable the better. Therefore as soon as you have cut the cord, which you may do as soon as respiration is well established, make traction upon the cord with one hand and with the other grasp the uterus through the abdominal walls, and, as it were, squeeze out the placenta.

It is entirely unnecessary to remain an hour after the delivery of the placenta, as advised by certain authorities. As soon as the uterus can be felt firmly contracted through the abdominal walls, and all clots have been removed, she

may be left with perfect impunity, if she be directed to retain the recumbent position. But should there be apprehension of hemorrhage, give half drachm fld. ext. ergot before leaving her.

NOTE ON THE MICROGRAPHY AND CHEMISTRY OF A "PULTACEOUS CONCRETION" FROM THE TONSIL.

By JOHN VANSANT, M.D., Surgeon U. S. Marine Hospital Service.

Beneath the surface of the tonsils in scrofulous and other persons, there sometimes occurs a whitish, circumscribed enlargement, often about the size of half a pea, and having a strong resemblance to an inflamed and swollen sebaceous follicle of the skin, and like the latter will, if pricked and pressed, give exit to a white, cheesy-looking mass, which, however, is harder than the sebaceous secretion of the skin, and is nearly globular in form. These globular masses, of the diameter of a swan-shot, or thereabout, are often extruded from the tonsils by the resiliency of the gland tissue with considerable force, and ejected from the mouth with a cough, leaving a distinct cavity in the gland, not ulcerated, and with smooth edges. If a little lint on the edge of a bent pole be introduced into this cavity and withdrawn, it will emit a most putrid and disagreeable odor, and if the concretion which has been ejected be examined, it will be found to have the same odor. These formations in the tonsils are frequently the source of much annoyance to persons apparently in good health, as the breath is likely to be affected by them. Until I examined microscopically and chemically one of these globular masses, I had considered them of the nature of sebaceous matter, somewhat condensed, and partially decomposed with the evolution of sulphydric acid gas, and I was greatly surprised at what I saw with the microscope. I have looked through a number of books to find some mention made of these formations by authors, but I have found only one notice of them, and that a very short one, by a French medical writer, who styles them "*Pultaceous Concretions*," and believes them to be of a cheesey nature.

In examining a few days ago some of my medical memoranda, made six or or eight years since, I found the following paper, which, it seems to me, may possess some novelty sufficient to justify publication:

October 20th, 1870. Portion of a 'pultaceous concretion" from a follicle of tonsil of a man apparently in good health, soon after extrusion, was submitted to microscopic examination. The *entire mass* was composed, apparently, of cells filled with living particles that could be seen, in some instances, escaping from the parent cell, and then, when free, exhibiting most active amœba-like motions, crossing the field, and elongating and contracting themselves. There were also many of these animal cules seemingly fully developed, and these bore a striking resemblance to those so-called "eels" sometimes developed in vinegar, both as to shape and movement. They were very active. Some measured as much as 1-1000 inch long, by about 1-15,000 inch wide, and were sharpened at the ends. Most, however, were shorter, say 1-5000 inch long, by 1–20,000 wide; and many more were shorter than these.

The matter or this concretion was *not* mostly of a fatty nature, since it was not dissolved by æther, chloroform, almond oil, water of ammonia, nor alcohol, hot or cold. A portion of the concretion was put in æther, and digested a number of days—12 or 15. The bulk of the mass was then found not much diminished, but the æther was slightly colored yellow. The æther was poured off, and evaporated, yielding a notable quantity of cholesterin-like matter, which took the shape, in some instances, of colorless acicular crystals, often arranged in a stellate form, and in other instances, of amorphous granular masses of a yellow color; these substances were soluble in cold alchohol, and their odor

was most like that of Russian leather. The odor of the fresh concretion was putrid and very offensive. A portion of the concretion, which had been digested so long in æther, was mingled with water, which did not dissolve but seemed to soften it, and then viewed with a high power—1200 diameters. Many of the smallest amœboid particles soon began tolerably active motion, and occasionally, one of considerable length could be seen stretching out and vibating. The light from the concave mirror of the microscope seemed to stimulate their motions. A solution of ferri sub-sulph., U. S. P. diluted, and applied to the edge of the thin glass cover, stopped their motions and condensed their substance. I should mention that mixing the *fresh* concretion with almond oil, which neither softened nor dissolved it perceptibly, also caused the cessation of motion in nearly all the animalculæ. Glycerine does not dissolve the concretion, either fresh or dry. The dried concretion is not dissolved or discolored by water, hydruchloric, nitric, nitro-muriatic, sulphuric, or acetic acids. Liquor potassæ very slowly softens and gelatinizes the residue left after the action of æther, requiring for this purpose many days, and the fluid becoming of an amber color. Acetic acid added to a portion of this fluid does not cause a precipitate of protein, but changes the yellow color to a faintly opalescent hue. The further addition of a drop of strong nitric acid caused no visible alteration.—*New Orleans Medical Journal.*

ANTHRAX.

BY JACOB VAN VALKENBURGH, M. D., SHARON, N. Y.

Anthrax is a tumor of a red, shining appearance, commonly known as carbuncle. The larger tumors of this class are full of holes, and may be defined to be a local destruction of the cutaneous and areolar tissue depending upon an accumulation of morbific material in the part, of a malignant character, usually larger than a boil and less conical. They vary in size from a hickory nut to a dinner plate, presenting a flattened surface of a livid red or purplish appearance. The pain is circumscribed and of a burning character. The usual symptoms of fever of a typhoid grade are shown by the constitutional disturbance. As the tumor increases in size, one or several vesicles form on the surface, from which oozes a thin, acrid, fœtid, dark-colored fluid. Its location is most frequently over the bony surfaces—as the scapula, spinal column, cranium, dorsum of the feet and hands. It implies a vitiated and debilitated condition of the general system. If this were not the case it would have been a boil. The obstruction in the cellular and cutaneous tissue that causes a boil attended with a mild inflammatory reaction, or symptomatic fever of the inflammatory grade, would be an anthrax in a worn out, vitiated system, attended with a feeble reaction, commonty known as the typhoid grade.

The local obstruction that occurs porduces irritation; the *vis medicatrix* sets up a vital action known as inflamation, for restoring the parts affected; this in nearly the whole of the tumor, fails, in consequence of the debilitated state of the general system, or from the character of the obstruction, and, consequently, congestion takes place, followed by suppuration, gangrene, and death in many cases.

About the only mistake liable to be made in diagnosticating is a boil. In this there is a general appearance of health, a conical tumor, which, after suppuration, has a "central core;" whereas, in carbuncle, the tumor is larger and flatter; vesicles appear on the tumor, and it has no "core." The size, color, etc., will serve sufficiently to distinguish it from the boil. Carbuncle appears in old worn-out constitutions, caused by damp place of living, or any cause resulting in great nervous prostration; all or any produce that enfeebled condition, by which the vital powers cannot remove accumulated *materies morbi* from the system. The prognosis depends on the general stamina of the

patient, the malignancy of the tumor, the skill of the practitioner, and the remedies used.

TREATMENT.

Apply to the carbuncle a hot slippery-elm poultice, wet with the following solution:

R. Glyceriti Acidi Carbolici dr iv.
Aquæ Puræ. oz v. Misce

Change the poultice often. Do not let it become cold. If slippery-elm connot be obtained, use the next best, the flaxseed poultice, and the solution above given. Give internally the following cathartic, repeating every four hours until it operates:

R. Pulv. Jalapæ et Sennæ Comp.
" Leptandriæ, aa dr. j.
Sodæ Bicarb. grs xx.
Aquæ Bullientis. oz iv.

Let stand till cold, and take one half every hour.

After the operation of the cathartic, give:

R Potassæ Acetatis. dr ij scru. ij.
Aquæ Puræ oz iv.
Misce: Teaspoonful every three hours.

As soon as pus is formed in the tumor, apply the knife early and freely, making crucical incissions through its length and breadth, that the putrid mass may have every opportunity to escape, as it is liable to be absorbed, pyæmia taking place, and death ensuing. As soon as the contents of the carbuncle are evacuated, apply to the cavity:

R. Glyceriti Acidi Carbolici, dr v to dr x
Aquæ, oz. iv.
Misce.

Use this solution as strong as the patient can bear, every time the poultice is changed. The carbolic acid is a stimulant, disinfectant, and *anti-septic* and is one of the best remedies for external congestion and gangrene that we posess.

As our object is to get rid of the tumor as speedily as possible, we must continue to poultice, and also to remove all sloughs with scissors or knife, which can be easily done by taking hold of the detached end with small forceps. I sometimes add some grated carrot root to the poultice, with the happiest results. As soon as the congested portion of the anthrax is sloughed out, and the healing process commenced, use the following carbolic salve: Take four ounces of basilicon oinment, melt with gentle heat, and add twenty grains of carbolic acid previously dissolved in an ounce and half of glycerine, stirring till cold. Spread on linen, and retain with a bandage if necessary. Some practitioners use caustic potash and charcoal poultice, with good results, in carbuncle. The cutaneous surface should be sponged off and dried with a flannel cloth. A good nutritious diet should be used to keep up the strength of the patient—such as beef tea, oyster soup, etc. The medical treatment must be supporting, and for this would use:

R. Tr. Ferri Chloride, gtts. xx.
Aqua, oz j
Mix. Tak dr j three times a day; or,
R Quiniae Sulph., dr ss.
Divide in 15 powders, and give one three times a day; or,
R Tr. Cinchonæ Comp., oz ij.
Two teaspoonfuls in water, three times a day.

The patient must have rest at night, and for this must use some opiate or nervine, as the idiosyncrasy requires; as opium, morphine, chloral hydrate, chloroform, bromide of potassum, valerian, or assafœtida.

If the patient becomes much exhausted we must resort to stimulants—such as Xanthoxylum, ale, porter, etc.—*Med. Eclectic.*

THE HYGEINE OF THE EYES.

The following hygienic rules are compiled and condensed from eminent French and English authorities:

For the worker the light should come as much as possible from the left side, that is to say, from the side towards which one turns in working. Daylight is the best; but direct sunlight and that reflected from mirrors should be avoided. The aspect should be northern, and the light should come a little from above.

White walls should be avoided; highly varnished tables and, in workshops, shining articles like silk should be protected from the sun's rays.

Artificial light is always bad, on account of the heat and the exhalation of carbonic acid. The best is that of lamps fed with vegetable oil (much used in France, but seldom in this country) and furnished with a glass shade. Gas is bad, because of its heat, brilliancy and mobility; the light of mineral oil is too hot; that of candles insufficient and flickering. The eye of the workman should avoid the light coming to him directly, or diffused through the room.

Working immediately after meals is objectionable; also uninterrupted use of the eyes for long periods of time. One should write on an inclined plane, and not keep the head bent down more than is absolutely necessary. Reading in bed is bad every way.

Some good authorities commend washing the eyes with cold water, but the majority of the best ophthalmolo gists advise the use of hot water for the less serious affections of the eye. For tired eyes, we believe, from our own experience, that water hot as can be borne is refreshing and beneficial.

If the eyes are fatigued by bad artifi cial illumination, blue or slightly smoked glasses will be useful, and in order to avoid the lateral rays they should be large and round.

If the irritation of the eyes persists, all work must be abandoned, and an examination made to see if there be any disturbance of refraction, of power of accommodation, or of the mobility of the eyes.

Presbyopia, or so-called "far-sightedness," supervenes earlier with those who are constantly at work than with other individuals, and as soon as it does convex glasses should be at once resorted to, without which the muscle of accommodation would be fatigued to no purpose. At first they should be used for working in the evening, after the fatigue of the day; but a long-sighted person should only use spectacles for looking at near objects, not at far ones.

Work requiring close application favors the development of myopia, or "near-sightedness," precisely in proportion as the conditions of illumination are bad. If the action of those causes continues, the myopia will increase until vision is lost.

A slight degree of myopia may be favorable to close work, but, as a general rule, work requiring close application, by the derangement of circulation that it inevitably induces in the eye, is much more injurious to the myopic, and is the great cause of the development of myopia and its complaints. Young people should be examined, and if they are myopic, hindered from undertaking tedious studies and all professions demanding close application of the eye.—*Boston Journal of Chemistry.*

NEW METHOD OF REDUCTION OF DISLOCATION OF THE HIP.

By S. J. ALLEN, M. D, White River Junction, Vt.

One day in the month of March, 1841, at which time I was a student of medicine in the office of John L. Swett, M. D., of Newport, N. H., I was riding in my sleigh, about three miles south of the village, and, passing a house situated some six rods from the road, I heard an outcry, Looking in the direction of the alarm, I saw a woman, Mrs. Perry by name, who, in stepping from the door, had slipped and fallen upon the icy ground. Hitching my horse, I walked rapidly towards her. As I came near, two men came out of the house, and, lifting her erect, assisted her inside. While they were bearing her along, I noticed that the right foot turned in upon the dorsum of the left; and I said to myself—"Case of dislocated femur upon the dorsum illii." Expressing my opinon to the friends of the woman, I said, "You must send for Dr. Swett to reduce it." A messenger was directly dispatched, who upon the way met Dr. Mason Hatch, a respectable practitioner of medicine, but less skilled in surgery. The doctor being requested to call, did so. and examined the hip by passing his hand over it, saying that he guessed the

hip was not out of joint; and bringing from his sleigh a box of Kittridge's ointment, directed it to be applied three times a day to the hip, saying at the same time that he thought the patient would be well in a few days. After the learned doctor's departure, I repeated my opinon that the hip was dislocated, and that Dr Swett must be summoned to put matters right. While the horse was being harnessed the second time, I concluded to make some examination of the limb for the purpose of reassuring myself of the correctness of the diagnosis. Grasping the leg with my right hand, I flexed the leg upon the thigh, and the thigh at right angles with the body. The old lady, for thus I considered her then, although but forty, complained of my hurting her; and some how the limb became fixed in the position, and could not well be moved. It seemed locked, and could not be moved further without considerable force and pain. With the view of relieving my patient from this uncomfortable state, I stepped upon the bed, standing with her limb between my own limbs, and placing the dorsum of her foot upon my nates, and my right hand under the bend of her knee, I lifted her hips from the bed, holding her steadily in that position a few seconds, when the head of the dislocated bone slipped into the socket, accompanied by that peculiar audible shock which so delights the surgeon's ear. She immediately exclaimed, "I am well! I am well!" Of course, it was unnecessary to send for Dr. Swett now, so the horse was returned to the stable.

On my return to Newport village, I found Dr. Kittridge, of Claremont, N. H., present, with Dr. Swett, and I immediately related the incident as above described. I was informed by the two justly eminent surgeons that it was not a case of complete luxation, but that the head of the femur got caught upon the edge of the acetabulum, and that my manipulation had, fortunately and accidentally lifted the bone into the socket. This announcement made my hat and coat seem very small; but I accepted the situation with a submissive grace, although I never forgot the method of reduction. Keeping it in mind, I intended to apply it in my next case, which I confidently expected to meet with sooner or later.

September 21, 1848, I was called to a little girl ten years old—Minnie Clark—who, while climbing upon a heavy gate resting upon the fence, fell upon her back, the gate falling upon her, dislocating the right femur upon the dorsum illii. I attempted reduction by the method resorted to in the case of Mrs. Perry, but failed, in consequence of the great rigidity of the muscles, the light weight of the body of the child, and the want of an anesthetic. So I sent for Dr. Dixi Crosby, who reduced it with Jarvis's adjuster, after saying that he disliked to apply so powerful an instrument to so young a subject, fearing that he might separate the epiphysis at some point. Jarvis' adjuster was very generally used at that time, and in that vicinity, to reduce dislocations.

The 16th of July, 1872, I was called, in consultation with Dr. Sperry, or West Hartford, Vermont, in the case of a French Canadian, Lewis Baumhar, a section hand on the Central Vermont Railroad, who, while helping to carry a track-rail, fell on his right knee, the rail slipping from his shoulder and falling upon the sacrum, dislocating the right femur upon the dorsum illii. When I arrived, Dr. Sperry asked me if I had my pulleys with me. I answered that I had the pulleys which the Almighty furnished me with. Said the doctor, "You can't set the leg without pulleys." I answered that I could try. After the patient was fully chloroformed, the muscles being thorougly relaxed, I stepped upon the bed, and flexed the leg upon the thigh, and the thigh at right angles with the body, and placing his foot between my legs, and my hand beneath the bend of his knee, I lifted the hips well from the bed, and held them immovable in that position less than half a minute, when the head of

the thigh bone returned into the socket with a sensible and audible shock. The reduction was accomplished so quietly that the doctor did not notice when it occurred, nor did he understand the method used, and at first questioned the fact of its having been reduced.

September 25, 1874, I was called, with Dr. Davis, of Lebanon, New Hampshire, in the case of N. S. Huntington, of Hanover, New Hampshire, a brakeman on the Central Vermont Railroad, who, while coupling cars at Claremont Junction, had his right hip dislocated on the dorsum. Chloroform was administered by Dr. Davis, and I reduced this dislocated femur in the same manner as in the case of Baumhar, and with the same facility.

January 13, 1877, called, in consultation with Dr. B. F. Eaton, of Hartford, Vermont, to see A. Woodbury, a freight brakeman, who had his left hip dislocated while coupling cars at Bellows Falls, Vermont. Dr. Eaton gave the chloroform, while, by the same method as in the above described cases, I returned the dislocated bone to its proper place in less than half a minute.

These four cases are all I have to relate as testing this new, easy, and, I claim, unfailing method of reducing luxations of the hip joint. It will be noticed that they are all cases of dislocation on the dorsum illii; but, at the same time, we should be reminded that the dislocation on the dorsum is the type of all luxations of the femur, and that before the reduction is accomplished in other and rarer forms, the head of the thigh bone is thrown on the dorsum by manipulation before it can be returned to the acetabulum. Indeed, it is not uncommon for the head of the femur to be changed from one position to the other several times during the manipulations before it can be returned to the socket, in cases of pubic and ischiatic forms of displacement, by the method of Nathan Smith.

By my method, the lower part of the body is lifted from the floor and held immovable. This maneuver relaxes the femoral ligament, and the weight of the hips and opposite limb rotates the body outward, producing sufficient abduction and extension to quietly draw the acetabulum over the head of the femur, and at the same time compelling the patient to become "particeps criminis" in case of a suit for mal-practice.—*Ohio Med. and Surg. Journal.*

Abstracts and Gleanings.

ANTISEPTIC SURGERY.—Lister's system is not the application of peculiar dressings, or the use of paritcular antiseptics. It is a method of treating wounds based on the "germ theory," and its principal aim is to prevent the entrance of germs into wounds, to destroy them if already there, and to guard against the accumulation of wound secretions. In order to attain this end he surrounds the patient with a series of precautionary measures, which have from time to time been improved on by him. These require peculiar materials and appliances, of which I present the latest phase that came under my observation. They are enumerated without particular plan. Where the mode of preparation is not indicated, it will suggest itself; where it is described, it is adapted as much as possible to self-preparation, thereby facilitating the introduction of the system by diminishing its greatest objection—the cost. Their use is described as concisely as possible, and will become clearer when I shall treat of the mode of operating and dressing.

1. Carbolized Solution (Acid, carbol. cryst. 5, aqæ. 100) is used to clean the neighborhood of wounds before operation, to disinfect the hands of surgeon and assistants, and instruments, to wash out septic wounds, and clear drainage tubes.

2. Carbolized Water, a 2½ per cent. solution of crystalized carbolic acid in water. It is used in the spray, and to wet the "lost gauze."

3. Carbolized Oil (Acid. carbol. cryst.

5, ol. oliv. 100), to oil catheters or other instruments, or fingers when about to be introduced into some of the cavities. It is also employed when a constant direct contact of the antiseptic with the wound is necessary, as in caries,—or where the gauze dressing cannot be applied, as in abcess of the rectum.

4. Solution of Chloride of zinc (8 per per cent), 1 part of liq. zinc. chlor. mixed with 3 parts of water. Where wounds have been exposed, unprotected to the access of atmospheric air, or where, from mistake in dressing, aseptic wounds have become septic, they are swabbed out with this solution. It is more effective than carbolic solution, but too powerful for permanent use in the dressings.

5. The Spray. In order to prevent the entrance of living germs, during an operation or dressing, a spray of "carbolized water" is directed on the wound. The best instrument for this purpose is "Lister's spray," a steam atomizer which throws a large cone of finely divided spray. It is almost indispensable in long operations and where a considerable space of tissue is exposed. In its absence it may be replaced by the ordinary steam atomizer, of which two ought to be at hand, as they are sooner exhausted. Their suction tube is unnecessary, and a glass tube, drawn to a fine point, and bent at an acute angle, to throw the steam against wounds without necessity of tipping the instrument, may take its place. In the absence of these, or for short dressings, Richardson's spray apparatus may be used. It has, however, serious defects; it gives out frequently without apparent cause, is very fatiguing, and wets the wounds too much, as the spray is not as finely divided as that of the steam atomizer.

6. The Protective is oiled silk, coated with copal varnish, to render it impermeable, and then covered with a thin layer of 1 part dextrine, 2 parts starch, and 16 parts "carbolized solution," to facilitate adhesion of the disinfecting fluids, into which it is dipped before being applied to the wound. The purpose of the "protective" is to prevent the irritating effect of the contact of the antiseptic with the wound. It is placed immediately over this, overlapping it but little.

7. The Antiseptic Gauze, a peculiar unstarched cotton gauze, selected by Mr. Lister on account of the facility with which secretions penetrate its meshes. It is prepared with antiseptics, and thus, after absorbing the wound fluids, it prevents their decomposition. Pieces of cotton gauze, six yards in length and one yard in width, are to be placed in a zinc trough and heated in the water-bath for several hours, after which they are spread out, and a hot mixture of 1 part cryst. carbolic acid, 5 common resin and 7 paraffine is poured over them by means of a syringe. They are then returned to the trough and submitted to pressure for some hours, to cause an even distribution of the fluids. The resin is to hold the carbolic acid more firmly, and prevent it from being washed out or evaporated too quickly. The paraffine diminishes adhesion of the dressing. This gauze is prepared in factories in Germany, the best known, being the "International" factory, at Schaffhausen, Switzerland.

[The above we clip from *A. C. Girard's report to the Surgeon General, U. S. A.* Other appliances are mentioned as the McIntosh, or common rubber cloth, used to keep the secretions of the wound from finding their way immediately to the surface, and to compel them to permeate the whole dressing, thus being constantly in contact with the carbolic acid.

The Catgut, for ligatures and deep sutures; *The Salacylic Cotton; The Sponges; Drainage tubes.* Antiseptic Silk, Boracic Water, 3½ per cent solution of boracic acid in water, used to moisten the *boracic lint.* The *boracic ointment*, used to spread on thin cotton, and applied to ulcers and granulating surfaces.—ED.]

SURGEON-MAJOR PORTER'S SAWDUST PADS.—On May 1st, a male, aged twen-

ty-four, was caught between a fly-wheel in motion and an adjacent wall, so that his left leg was crushed, the bones being fractured in many places, and the soft parts being extensively lacerated. I found it necessary to perform a primary amputation, as low in the thigh as the bruised condition of the soft parts would permit. The stump was drained, and was dressed with carbolized oil on lint, and gutta percha tissue over this. The limb was then swung on a drop-splint, resting on sawdust pads. There was a great deal of blood-stained serum, and afterwards of grumous fluid, which oozed from the bruised tissues of the stump; but the parts of the stump in apposition healed by the first intention. The discharge above mentioned was received on a drop-pad, which was removed daily. The pad which bore the weight of the limb, and the limb itself, were not disturbed for fourteen days. The pad, when removed, was perfectly sweet, and no serum had run into or in any way soiled the bed linen. The patient is now—May 22d, three weeks after the operation—convalescent, having recovered without an unfavorable symptom, only his recovery was slow, owing to the quantity of blood lost whilst being brought up from Blackwall to the hospital. In this instance the pad was most serviceable. It enabled us to leave the thigh undisturbed for the time mentioned; and, from its yielding, it allowed the limb to mould for itself its bearings, which were, throughout, free from all discomfort. With the drop apparatus we were able to dress the stump without causing the patient the slightest pain.

A girl, aged sixteen, required to have her leg amputated immediately above the ankle joint (Syme's operation) on account of carious disease of the left tarsus. The stump was drained, covered with carbolized oil on lint and gutta-percha tissue, and was secured on a drop splint and swung. The small sawdust pad was changed during the first week every second or third day; the larger pad which supported, the leg was not disturbed in any way for three weeks; when removed it was sweet and clean.

Apart from the question under consideration, these cases are of interest with reference to the results obtained in the treatment of severe wounds and extensive suppurations. As to the use of the pads, it may be said that they are approved by the Sisters for their cleanliness, and for the manner in which they keep the bed linen from being soiled by discharge of serum or of pus. They are easily made so as to fit as required, and they are inexpensive. When the quilting is properly attended to, they are comfortable to the patient, readily yielding to such pressure as that, for for instance, caused by the weight of the leg, and moulding so as to give equable support. Whilst they effectually absorb discharge, it is as well, when this is considerable, that the pad should be changed every two or three days, but when, in addition to the pad, carbolized oil dressing is used, they can be left for a longer period. Thus, in the case of the two amputations, the pads which supported the leg in one, and the thigh in the second, were not touched for three weeks, and for fourteen days, respectively. I do not feel disposed to rely entirely upon these pads for keeping parts absolutely clean; but, in conjunction with carbolized oil, or with some kindred dressing, they are amongst the best pads with which I am acquainted, and I consider that we are much indebted to Mr. Porter for giving us an appliance which is simple, inexpensive and efficacious. I may add, that, mixed with shot, so as to give weight to the appliance, these pads may be used to give pressure, when such is desirable, as over some forms of abscess, to prevent redistension from collection of pus in a sac which has been opened—*G. W. Callender in London Lancet.*

TREATMENT OF CROUPOUS PNEUMONIA.—Dr. Robinson, in a paper before the American Medical Association, says: In the absence of the author of the paper, Dr. A. B. Palmer, of Ann Arbor, Mich.,

it was read by Dr. N. S. Davis. The paper principally dealt with the effects of quinine in the treatment of acute pneumonia. After detailing the nature of the disease, and describing the various methods of treatment, Dr. Palmer submitted his particular method. When called to a patient within twelve or twenty-four hours after the chill, or at any time before any considerable exudation has occurred, he immediately gave from six to ten grains of quinine, together with from one-fourth to one-third of a grain of morphine, which almost invariably, in a short time, from half an hour to two hours, induced free perspiration, and a reduction of the temperature. Then he repeated the quinine in doses of from four to eight grains once in from two to three hours, and unless all pain and special uneasiness was relieved, he added another, but usually a smaller, dose of morphine in four or six hours, but by all means continuing the quinine in any of the last-mentioned cases until from thirty to fifty, and sometimes sixty, grains were given. Sometimes from twenty to twenty-five grains would be sufficient, given in these divided doses, or, if preferred, in doses somewhat smaller, but more frequently repeated. But as the larger quantity was harmless and might be needed, he preferred to give at least thirty, and oftener as much as forty grains in from twelve to twenty-four hours. The effect desired, and certainly as a rule produced, was a decided reduction of temperature, a marked diminution in the frequency of the pulse, a decided moisture of the skin or free sweating, a slower and more easy respiration, a relief from pain and the feeling of fullness in the chest, a diminution of the cough and of the tenacious and bloody character of the expectoration. In short, not only was there a checking of the fever, but of all the evidence, general and local, of the pulmonary engorgement and inflammation; the quantity of the medicine to be given depended much upon the completeness of the effects to be produced. The slight deafness and ringing in the ears, which might or might not result from these doses was a matter of very little consequence was almost always temporary, and should not influence the quantity given. A small quantity of quinine would produce these phenomena with some, while larger doses would fail to do so with others, and neither in pneumonia nor in ague were they the measure of the medicinal effect of the remedy, or an index of the quantity that would be required or borne. As a rule, all the treatment required after this was a gentle laxative, or if the tongue was much coated, a few grains of blue mass, followed in a few hours by a mild saline cathartic, and that in turn followed by some mild eliminative mixture.

[I have twice in my own case aborted pneumonia in the initial stage, characterized by pain in the chest and rigors, by going at once to bed, applying hot rocks to the extremities, a large mustard plaster around the entire chest, and taking a full dose of quinine and Dovers powder. The effect was speedy reaction, followed in a short time by diaphoreses and relief of pain. There was bloody expectoration in both cases, but no inflammatory action. A second smaller dose of the medicine was taken in both instances, and I kept my room about two days. —Ed. W.]

Collodion Flexile in Cases of Eczema.—Henry Lawson, M.D., Assistant Physician to, and Lecturer on Physiology in, St. Mary's Hospital, says:

In my hands, two bad cases of eczema—E. genitale and E. capitis—collodion has shown itself so valuable a remedial agent that I lose no time in publishing the result, in order that others may try it, and see what the consequences are likely to be. I shall now describe one of the cases.

The first case was one of E. genitale. The patient, M. E——, was a woman aged about forty-seven years, married, and the mother of several children. She was a florid woman, of an active temperament, well nourished, of moderate habits of life, tolerably cleanly, and with

a pulse strong and full and about 74 in the minute. She had lost her courses about two years ago; and, indeed, her general appearance was not such as led me to commiserate her very much. However, an examination of the patient showed that she had been suffering a good deal. The whole of the neighborhood of the perineum, of the parts about the vulva, and of the inner margin of both thighs, were covered with an eruption. And what was its nature? It is difficult to describe it. It had a reddish or reddish-purple aspect. which was, of course,caused by the injection of the parts with blood; and it could be seen that certain parts were slightly raised; while over the whole surface was a sort of semi-transparent glutinous liquid mass, with here and there some scaly particles of epidermis. It did not smell badly, though the entire amount of surface exposed must have been quite a square foot; but it was accompanied by great pain, heat, and secretion of liquid matter. Indeed, the patient declared that it made her life a perfect misery.

Well, I first tried tar water, and with some success, but not enough, for after a fortnight she was nearly as bad as on the first day I saw her, and she had been fourteen months suffering under this disease. So I resolved to try the collodion flexile. I placed her on the sofa, and proceeded to literally cover the diseased parts with collodion, and then I put a second layer over the first. I next directed her to put on this mate rial twice, or oftener, if needful, every day, and to come to me in a week and report progress. At the same time I forbade her to take tea, coffee or malt liquors, but to substitute cocoa or milk, and to take a little whisky if she desired it. Finally, I ordered her a compound colocynth pill, with podophylin, to be taken occasionally at night.

When, at the end of a week, this patient came to me, I was absolutely astounded at the progress she had made. There was not at all the same amount of secretion over the surface, and it seemed paler, while it had not extended in the least degree. She said she felt she was getting better, and that it was not nearly so painful as it had been. Of course I simply repeated the prescription, and when she came again in a fort night, all appearances of liquid on the surface had disappeared. The extent of the affected parts had diminished, so had the pain, which was now nearly *nil*. In fact, the remedy had acted most satisfactorily, and there was nothing to do but repeat it. This course was followed out by the patient for about two months, at the end of which she presented herself completely cured of the painful E. genitale.—*London Lancet.*

A New Instrument for the Administration of Compressed Air.—Dr. F. H. Davis, of Chicago, has devised a new instrument that is designed to be a cheap substitute for the more expensive ones, such as Waldenburg's, now in use. It consists of a small gasometer, fifteen inches in diameter by twenty-four inches in height, and should be made of galvanized iron. On the side of the outer tank two upright bands are soldered, embracing between them a slip of wood that reaches twelve inches above the tank, and to the extremity of which is hinged a wooden lever two feet long. A handle in the middle of the inner tank is attached to the middle of the wooden lever. But slight exertion on the part of the patient in raising or lowering this lever, produces all the pressure or suction necessary. The apparatus can be made by any tinsmith, and with three feet of three-quarter inch hose, costs from four to five dollars. The patient inspires the compressed air, or, *vice versa*, expires into rarefied air and inspires again the ordinary atmosphere. To obtain more marked result two gasometers are sometimes employed—one to inspire from, and one to expire into. As the fever is raised the patient expires into the one, the other being at the same time raised full of fresh air; he then inspires the fresh air as the lever is depressed, the foul air at the same time emptying itself from the first tank. One

mouthpiece only need be used, and a light gauge may be attached to show the exact amount of pressure or suction. Fitted out in this way, the apparatus would cost from fifteen to twenty dollars. Dr. Davis has seen the advantage of this treatment in several classes of cases. It has been chiefly in those young persons of slight physique, whose chests were flat and narrow, and had deficient expansive power. While physical examination showed no tubercular deposits, there was a sensitive condition of the air-passages, causing frequent attacks of cold. In such persons the inhalation of compressed air from five to ten minutes, once or twice a day, produced very decided improvement. Under its use, in combination with some tonic, such as the malt extract, or cod liver oil, the patient's condition improved, his carriage became more erect, inspiration deepened, and the sensitiveness to catarrhal attacks lessened. Where there is incipient or primary tuberculosis, such as is shown by a loss of flesh and strength, with diminished appetite, shortness of breath on exercise, slight pains in the chest, usually a hacking cough, and expectoration of a mucous character, rather harsh bronchial respiration, and more or less dullness on percussion, it is thought that the question of improvement under compressed air will depend a good deal upon the hereditary taint. When the phthisis is *inflammatory* in its origin, the best of results may be anticipated, unless the stage of softening has commenced, and then this treatment should not be attempted for fear of hemorrhage. In emphysema and valvular diseases of the heart, the author has had no experience.—*Chicago Med. Jour. and Examiner, Oct.* 1877.

THE TREATMENT OF PULMONARY CAVITIES.—The following important suggestions are from an article in the London *Medical Times and Gazette*, by Dr. R. D. Powell, of the Brompton Hospital for Consumptives: In the treatment of secreting cavities, the objects we have in view are (1) to lessen secretion, (2) to promote evacuation of what secretion is formed, and (3) to disinfect such cavities. Counter-irritation, of little use, I believe, whilst cavities are still forming or extending, is of great service in these cases. When we remember that in chronic excavation of the lung we almost invariably get an intimate union of the two pleural surfaces, and an anastomosis of their vessels, we may see why the application of a blister externally may affect such cavities. As a matter of fact, they do influence them most decidedly. Strong iodine applications (two drachms to the ounce), or fly blisters, or perhaps a blister kept open for a few days by the use of savin ointment dressing, are the forms of counter-irritation suitable to different cases. Under their use the cough and expectoration frequently diminish. Acids and astringent iron tonics and oil are needed. Sedative cough mixtures are directly contra-indicated in these cases, except for the purpose of giving rest at bedtime. It is in these cases the inhalations are most useful; for, firstly, there being no actively spreading disease present they can do no harm; secondly, we can, by their use, render less noxious the pus that bathes the surface of the cavity, and which is apt to become inhaled during the effort of expectoration into distant parts of the lung: thirdly, inhalations help expectoration; fourthly, there can be little doubt that appropriate inhalation sometimes have a healing or an alterative effect upon the internal surface of the cavity.

The best substances for inhalation are —iodine (vapor iodi, B. P.,) only to be used occasionally and for a few days together; carbolic acid (glycerine of carbolic acid, one drachm to two drachm, to half a pint of hot water;) or tar water (liq. carbonis detergens, one drachm, to half a pint of water:) useful disinfecting and, except iodine, somewhat sedative inhalations, that may be employed two or three times a day. They may be taken very well from a deep jug, or a Nelson's inhaler, with the sponge removed. Friar's balsam, tincture of larch, turpentine, etc., may be similarly em-

ployed from time to time. Perchloride of iron or other astringents may sometimes be used with Siegle's spray apparatus; but I have myself failed to find atomized astringents useful in these cases, and doubt if they penetrate so far as vapors inhaled in the ordinary way. Salt air, and perhaps especially sea-shore air, containing more or less salt spray, is nsually beneficial to these patients; some liberal diet is, of course, necessary.

Medicinaily these cases my be combated by quinine, internally, or in some cases full doses of perchloride of iron, or sedative inhalations containing tincture of benzoin and opium; hyoscyamus and chloric either, carbolic acid and opium, etc., are useful. Ipecacuanha wine, administered as spray, with Siegle's inhaler, is worth a trial, but patients suffering from this condition of cavities are often too prostrate to bear the fatigue of inhaling. If the more active general symptoms should lessen, but a blood-stained and copious expectoration still leads us to infer that the walls of the cavity are hyperæmic, I am convinced, from observation, that the best treatment is to apply a blister over the region of the excavation, and to keep it freely discharging for several days, by means of savin ointment dressing. I have seen active symptoms completely subside under this treatment—which is, however, somewhat severe and painful—and the cavity subsequently contract, the expectoration, from being abundant and sanguineous, becoming scanty, viscid, and apparently consisting of bronchial mucus only.—*Medical & Surgical Reporter.*

Colocynth for Abdominal Pain.—Dr. James I. Tucker writes to the Chicago Medical Journal and Examiner: "I state without fear of successful controversion that colocynth will allay the pain caused by excessive peristaltic action better than any drug in use, not excepting opium, provided it be used in the proper dose. I refer to simple but nevertheless distressing idiopathic pain, so to speak; pain due to excessive stimulation of the nerves engaged in keeping up the harmonious rythm of the vermicular movement of the bowels. In such cases I employ not the solid extract, but the *tincture;* and I use the tincture in such small quantities that I expect to meet a large amount of incredulity growing out of *a priori* conclusions. But why, pray, if ipecac in minute doses can allay nausea and vomiting, may not colocynth in small doses allay the very griping which in large doses it is capable of producing? I use only just so much of the tincture as to render the excipient—generally water—slightly bitter. In teaspoonful doses, repeated *pro re nata*, I have seen the most speedy relief from very violent griping. Now, since the therapeutics is the ultimate aim of classical or humanitarian medicine, I hope much more attention will be paid hereafter to the hitherto unutilized virtues of drugs which have been supposed to have but a very limited applicability. It will be found that our methods of ascertaining the therapeutical possibilities of drugs are lamentably meagre, and without honest original research we bow too willingly to the shrine of supposititious authority. The truly medicinal properties of many of the drugs in common use lie latent, dormant, and neglected, ready at any time to grow and bud and blossom, like the germinal principle which was at last discovered in the wheat grains found in the Egyptian catacombs. It is the duty of every practitioner to contribute the results of his experience to the common store of knowledge; not, indeed, to tell us what misery he can occasion by doses of this or that, but how far this or that has contributed, by a careful artistic application, to alleviate the sufferings of mankind. The basis of observation has been hitherto very inadequate; but the time is coming—nay, is already here—when the action of drugs may be ascertained with mathematical accuracy. I mean by the neurological method of therapeutics. To this fact, and to the other virtues of the bitter cucumber, which are an illustration of this fact, I now endeavor to call the attention of

the medical profession. Therapeutics resting on a neurological basis is to be the therapeutics of the future.—*Louisville Medical News.*

How the Chinese Make Eunuchs.—The following curious description is given by a writer in the *Lancet*:

The operation is performed at an establishment maintained for the purpose, immediately outside one of the palace gates. The operators are known as "knifers," and they contrive to keep the trade in their own families. For each castration, and the subsequent care of the case, they receive the equivalent of about £1 16s. sterling. When about to be operated on, the patient is placed in a semi-supine position on a broad bench. One man, squatting behind him, grasps his waist, and one man is told off to each of his legs. Bandages are fastened tightly round the hypogastric and inguinal regions, the penis and scrotum are three times bathed with a hot decoction of pepper pods, and the patient is finally, *if an adult*, solemnly asked whether he will ever repent. If he appears doubtful, he is unbound and dismissed, but if his courage has held out, as it usually has, all the parts are swiftly swept away by one stroke of a small sickle-shaped knife. A pewter plug is inserted into the urethra, the wound is covered with paper soaked in cold water, and is firmly bound up. The patient, supported by two men, is kept walking round the room for two or three hours, after which he is permitted to lie down. For three days he gets nothing to drink, nor is he allowed to pass urine At the end of this period the dressings are removed, and the plug is taken out. The parts generally heal in about one hundred days, when the patient is inspected by an old and experienced eunuch, in order to make sure that the mutilation is complete. About two per cent. of all cases prove fatal, some by hemorrhage and some by extravasation. For a long time after the operation there is nocturnal incontinence of urine.—*Medical & Surgical Reporter.*

Mental Emotion as a Cause of Impotence.—Now, there are no organs in the body so readily influenced by mental emotions as the genital organs, and mental emotion is one of the commonest causes of impotence in existence. Impotence of this nature may occur in married or single men in comparative health, as well as in those who have masturbated to excess. In the latter it is more apt to take place, but you will find very many cases where there is no other assignable cause but mental emotion. Troubles in business, anxiety about the health, family jars, a fit of indigestion, a disagreeable remark from one of the interested parties, a leucorrhœal discharge with a fetid odor—in fact, any uncomfortable feeling whatever which takes the mind away from the act, will bring on impotence; and, when one failure occurs, no matter how trivial the cause, others are sure to follow. Fear is an essential element in many cases—fear that the act cannot be accomplished; it is this fear which produces impotence in many who have masturbated. They read in advertisements and elsewhere of their loss of manhood, and the very first attempt at intercourse fails, even when there is really no loss of power. Temporary impotence has been produced in a healthy man by a friend's recital of his own surprising failure. The thought of the accident which befel the friend occurred at the wrong time, and he too failed.

I might go on with innumerable instances of such cases of impotence, but our time will not admit of it; neither do I think it necessary. But I do wish you to be impressed with the idea that emotions cause impotence in most patients, and that such impotence is always amenable to treatment, and can, with rare exceptions, be recovered from.—*Prof. Howe in Med. Record.*

Veratrum Viride Poisoning.—Dr. Elrich. This was occasioned by the reading of Dr. Lynch's paper before the Medico-Chirurgical Faculty, on the subject of veratrum. Years ago I had used

this drug, and had such unpleasant results follow that I abandoned it, but Dr. Lynch induced me to give it another trial. A child, sixteen months old, had membranous croup, so far as I could determine, although there was no false membrane discharged, nor patches on the fauces. Two drops were ordered every two hours. After taking a few doses it vomited, and the breathing was relieved. One morning the mother gave a teasponful in place of a cough mixture; it commenced vomiting soon after, its extremities became cold, a cold clammy perspiration appeared, and it seemed to be in collapse. As Dr. Lynch recommended opium as the antidote for any unfavorable symptoms, I injected three drops of deodorized tincture of opium, and in a short time the alarming condition disappeared.

Dr. Wintermitz. It will invariably act in that manner unless combined with an opiate. If an opiate had been given with it, no ill effect would have been seen.

Dr. Rohe. I hope Dr. Wintermitz does not recommend teaspoonful doses, even when combined with opium.

Dr. Seldner. In spite of its combination with opium, as soon as the pulse is reduced, it will produce emesis of such obstinate and depressing character, that I have abandoned its use.

[For more than twenty-five years we have used *Norwood's tincture veratrum.* Once, by mistake of a nurse, twenty-drop doses were given every two hours, until two drachms were taken, with no other effect than frequent vomiting, and a degree of prostration not so great as would have resulted from emetic doses of lobelia. While this fact shows that viratrum is not so dangerous and poisonous as has been supposed, yet it is not necessary or advisable to give large doses, when smaller ones will accomplish the object for which it is usually prescribed, to-wit: the reduction of the pulse. We never fail to accomplish this with two to four-drop doses, given every two hours, to an adult. Given thus, it rarely nauseates the stomach. It is true, as above stated, that opium counteracts the tendency of the remedy to produce nausea; and yet it does not prevent its sedative action upon the circulation.—Ed. W.]

Chloral Drinker.—"In June, 1875, I thought chloral hydrate might be something nice, I looked over all the Druggists' Circulars at hand, and concluded that it was harmless in thirty-grain doses. As we had none in the store, I went to another drug-store and purchased one ounce. I took thirty grains of it in a tumblerful of water, which had a pleasing effect. I then took thirty grains more, which seemed to take away my memory. I followed it up for two days, every little while taking thirty grains largely diluted with water. During those two days I swallowed three-fourths of an ounce of chloral hydrate. At last I could not hold anything in my hands, which were partially paralyzed. I had to be assisted home, and went to bed and slept most of the time for one day and two nights. I then went about my business, but of all the sufferings I ever endured I think this was the worst. I was not free from pain a moment for thirty days. The pain was greatest in my knees and legs. I would go to bed at night, get in an easy position, and lie perfectly still, and not stir in the least, and finally would go to sleep. The first thing on awaking were those dreadful pains. I took nux vomica and phosphorus pills but they did me no good; the disease had to wear itself out. The sufferings resembled those of the opium-eater when deprived of the drug. With one or two exceptions, I can not recall any thing that transpired during those two days. I think that I had a narrow escape from death. I shall not take any more chloral hydrate."—*Drug. Circ.*

Cold and Sweating Feet.—Dr. Rumbold in Virginia Medical Monthly, says: If there is fœtor from the feet, salicylic acid and bromide of potassium: aa grs. v ad. oz.j of "vaseline," will, in a few bathings and annointings, correct this condition.

Plunging the warm feet in cool water immediately on getting out of bed in the morning, has, frequently, a good effect.

Boots that are thin or tight, and shoes that are low in the ankles, should be avoided in cold or damp weather. Heavy, loose-fitting boots, with double uppers and soles—the latter made wide—are the proper coverings for the feet, in cold or damp weather.

India-rubber overshoes should be worn in wet or damp weather only, and they should be removed from the feet as soon as the wearer enters the house.

Slippers should not be worn by either sex during cold or even cool weather. One of the ways in which a cold is *mysteriously* (?) contracted, is to exchange a pair of warm boots for a pair of low slippers. Those who do this have forgotten that their feet and ankles had been protected all day, and that they have not only uncovered them, but placed them in the coldest stratum of air in the room. If they had taken the precaution to draw on over the stockings which they usually wear a pair of heavy woolen socks, the chances for taking cold from wearing the slippers would have been greatly decreased.

Diagnosis of Hip-diseases in Children.—In examining a child suspected to have hip-disease, be careful to place him on something firm and flat—a table covered with a blanket, a leather couch, or the floor. If you use a soft bed, he will sink into it, and you will perhaps overlook even a considerable deformity. Do not be content with any thing short of a thorough examination. Do not pretend to say whether a child whom you have examined, with his trowsers on, has or has not hip-disease. Let him be undressed, so that you can move his limbs without being hindered by his clothes. Girls past early child-hood may be fully examined, if you use a shawl or a loose sheet to cover them. 1. You must look for abnormal posture of the limb or of the pelvis; 2. For stiffness at the joint; 3. Observe whether the glutei, or the muscles of the thigh, are wasted, or whether any, especially the abductors, are rigid; 4. Or whether there is any swelling about the joint or in the thigh or the iliac fossa; 5. Notice the relation of the trochanter to the side of the pelvis as compared with that of the opposite side; 6. Look to the length of the limb as compared with that of its fellow; 7. See how the patient walks, if he be able to do so; 8. If he have pain, learn its situation and its character.—*Howard Marsh, in British Medical Journal.* ———

Masturbation.—There are certain gymnastic exercises which are provocative of masturbation, and which should be prohibited until manhood is reached. These exercises, too, are common in all our school gymnasiums, as well as public gymnasiums. My attention was first directed to this important fact, a few years ago, by the history which a confirmed masturbator gave me of his first experiences. When a lad of eight he commenced exercising in the school gymnasium. One day, while using the swinging pole, sustaining the whole weight of his body by his hands, he felt a peculiar sensation in his genital organs, which became so intense that he was compelled to sit down. Every time he resumed the exercise the same pleasurable sensations returned. They led him to a closer examination of his genital organs, and subsequently to new methods of increasing the excitement, until he became a confirmed masturbator. Since then, I have had a somewhat similar history from five other persons, one a female, confirming the opinion which I I now hold, viz.: that all exercises, such as climbing and sliding down poles, swinging from rings or ropes—the body being supported by the hands alone—should be dispensed with until the age of twenty or thereabouts; then there is less danger of determination of blood to the genitals as a consequence of these exercises.—*Prof. Howe in Med. Rec.*

Schiff on the Functions of the Spleen.—The spleen appears to in-

cease in volume from the fourth to the seventh hour of gastric digestion. During the digestion, or rather during gastric absorption, the spleen prepares the ferment, which, entering with the blood into the tissue of the pancreas, forms in this latter a special substance into pancreato-pepsine or trypsine, a material suited to digest albuminoid bodies. After extirpation of the spleen, the pancreatic juice loses its digestive power on the albuminoid bodies, though it preserves its other digestive properties. The duodenal digestion of albuminoid substances is no longer marked by its energy and rapidity; it becomes weak just as in other parts of the small intestine. After removing the spleen, the matter destined to form the pancreato-pepsine accumulates in large quantity in the pancreas, and can still be transformed into pancreato-pepsine by those chemical influences which after death attend the commencement of putrefaction. After the nerves of the spleen have been destroyed, the organ remains flaccid: it no longer becomes tumid, but atrophies, just like the erectile tissues when the vascular nerves have been paralyzed.—*La France Medicale*, 79, 1877.

Abortive Power of Alcohol in Diphtheria.—I was called on a Sunday evening by my friend, Dr. Burge, to see a lady whose child had died the previous morning, of diphtheria. She had held the child most of the time of its illness, and kissed it repeatedly and frantically on the lips, as putrescent matter flowed from them in its last moments. Friday and Saturday she had had an exudation of moderate extent in the fauces, but now she had, in addition, a diffused intumescence and induration of the neck. Seeing that the patient had inhaled the child's breath for six days, had had patches on both tonsils for two, and had applied her mouth to the poison many times, I mentioned to the doctor that we had all the conditions present foreshadowing a malignant case, and that regarding alcohol as a true antidote, I would advise its administration in full doses, the same as when the disease was at its height. Besides the quinine previously prescribed, the patient took a tablespoonful of whisky every hour with this result: she attended the child's funeral on Tuesday, and in a day or two regained her usual health. In this case, the abortive power of alcohol was fully manifested—a power it rarely fails to assert.—*Dr. Chapman in Society County Kings.*

The American Pharmaceutical Association held its Twenty-fifth Convention at Toronto, Sept. 4th to 7th. Brooklyn was represented by Messrs. Cutts, Heydenreich, Sayre, Menninger and Dr. Squibb. The action taken by this convention concerning pharmacopœial revision was diametrically opposite to that taken by the American Medical Association at Chicago. Not only did it ordain the appointment of a strong committee who are to prepare the text of a modernized pharmacopœia, but it tendered to Dr. Squibb a vote of thanks "for his earnest efforts during the past two or three years to inaugurate an improvement in the plan of revision." This resolution, introduced by Mr. Sheppard, of Boston, was affirmed unanimously. In this connection, *The Druggists' Circular* says: "The project devised by Dr. Squibb was treated by the A. M. A. with undeserved harshness, both towards the project and its projector—in fact, in a manner that was but little short of contemptible."..... The committee above referred to is composed of Charles Rice, Chairman; F. Hoffman, Bedford Maisch, Remington, Bullock, Markoe, Sheppard, Hancock, Ebert, Diehl, Wayne, Crawford, Mohr, Painter, Saunders.—*Society Co. Kings.*

When Not to Give Iron.—In the current number of the Practitioner Dr. Milner Fothergill has contributed a few practical remarks on the contra-indications for giving this drug. As long, he says, as there is rapidity of pulse combined with rise of temperature, so long must iron be withheld in the treatment of acute disease. As long, moreover, as

the tongue is thickly coated, or red and irritable, it is well to withhold chalybeates altogether. This is particularly true of phthisis. No matter what the other indications are, it is useless and sometimes worse than useless to give it without the tongue be clean without irritability.

It may be laid down as a general rule that this toleration of iron diminishes as the age increases. Young children take iron well, and it is often well borne by them in conditions which in the adult distinctly forbid its use.

There is one condition where iron is absolutely forbidden, and that is in the condition known as biliousness. As long as there is a foul tongue, a bad taste in the mouth, and fullness of the liver, with disturbances of the alimentary canal, iron is not only of no service, but positively does harm.—*Louisville Medical News.*

CYANIDE OF ZINC IN RHEUMATISMAL NEURALGIA.—Dr. Lutton, of Rheims (*Bull. Gen. de Therap.*), again calls attention to the value of the cyanides in the treatment of rheumatism. He gives notes of two cases, one of sciatica, followed by trifacial neuralgia and delirium, where the remedy was administered according to the following formula:

R Zinci cyanid.....3 grains.
Aq. destillatæ.....6½ drachms.
Mix. Mucilag. acaciæ.....4 drachms.

Sig.—Tablespoonful every hour. Shake well before using.

The effect produced was surprising. The patient suffered less the first day after commencing treatment, the accompanying fever abated, the pain became tolerable, sleep and appetite returned. Within three days the disease was cured, and did not return. A second case of trifacial neuralgia, accompanied by acute articular rheumatism, fever, cerebral trouble, was cured rapidly by the same means. Dr. Lutton gives notes of both of these cases. In the remarks which follow, he takes occasion to complain of the unmerited neglect with which this remedy has been treated by the profession, and complains almost bitterly of the popularity of propylamine and salicylic acid. —*Philadelphia Medical Times.*

PATENT NOSTRUMS.—*R. R. R.* consists of a reddish yellow liquid which smells of ammonia and camphor. Contains 14 parts of soap, 40 parts of ten per cent. ammonia, 640 parts of alcoholic extract of cayenne or Spanish pepper, 4 parts of camphor, and 2 parts of oil of rosemary.

Mrs. Winslow's Soothing Syrup consists, says Hager, of 8 parts of white simple syrup mixed with 1 part of a tincture made by extracting 10 parts of freshly crushed fennel seed and 1 part of oil of fennel white 60 per cent. spirits.

Sozodont.—This reddish liquid consists of a solution of 5 grammes of oil soap in 6 grammes of glycerine, 30 grammes of spirit, 20 grammes of water, perfumed with a few drops of oil of peppermint, oil of cloves, oil of cinnamon, and oil of anise colored with cochineal. The powder is a mixture of carbonate of lime, magnesia, and orris root.

Worm Lozenges contain 1 part of calomel, 6 parts of santonin, and 290 parts of sugar.

World's Hair Restorer contains, says Wittstein, 5.6 grammes of sulphur, 8 grammes of sugar of lead, 100 grammes of glycerine, and 200 grammes of aromatic perfumed water.—*New Remedies.*

WHEN SHALL THE LYING-IN WOMAN GET UP?—In a discussion upon the above subject before the Society of the County of Kings, Dr. B. M. Briggs remarked:—

Flexions and other uterine complications will follow too long rest, just as truly as they follow a premature getting up. His practice is to advise a gradual assumption of the upright posture, beginning generally on the fifth day. The patient is not to lift anything heavy, or do hard work for a fortnight. . . The too common practice is to make unnecessary changes in the diet; he orders a diet almost similar to that taken before delivery.—*Med. Society County Kings.*

Practical Notes and Formulæ.

HYDROBROMIC ACID IN PRESCRIPTIONS.—Dr. D. C. Wade. (*Detroit Med. Jour.*) suggests the following method for preparing hydrobromic acid, and the several formulæ annexed:

DILUTE HYDROBROMIC ACID.

I. Bromide of potassium.....120 grains.
Chrystalized tartaric acid....153 grains.
Water..... .. ..1 fluid ounce.

Dissolve the salt and then the acid in water, and place in cold water for several hours, or until precipitation ceases, and decant. The results of the reaction are the formation of bitartrate of potassiam (cream of tartar), which is nearly insoluble, and sufficiently pure hydrobromic acid diluted with water, each fluid drachm of which contains ten grains of bromine. By preserving this proportion,any quantity can just as readily be made.

The affinity of hydrobromic acid for bases is between that of hydrochloric and hydriotic acids. I have prescribed it most frequently in half drachm doses well diluted.

III. Dilute hydrobromic acid.
Syrup.....of each one fluid ounce.
Mix and write—Teaspoonful in water.

This is not unpleasant to the taste, and may be given to obtain the constitutional effects of bromine as usually administered in combination with a base. It also acts like other mineral acids in being tonic, refrigerent, solvent, alterative, etc., and is very useful in the "bilious" conditions, including fevers, where the morbid symptoms recede with the coating on the tongue. I use little else in remittent fever.

IV. Sulphate of quinia....15 to 80 grains.
Dilute hydrobromic acid.
Syrup.....of each one fluid ounce,
Mix and write—Teaspoonful in water.

This is extremely bitter, and in this respect cannot be improved by other additions. Like other acidulous preparations it is incompatible with licorice. Bromine has the power of modifying, in a marked degree, the cerebral effects of quinine; hence the value of this combination, aside from the alterative and other properties of the acid. In all cases of intermittent fever, I continue an antiperiodic from ten to thirteen days after the paroxysm ceases, and for permanent and other satisfactory results, this combination has proved to be far superior in my hands to any other not contained in the acid.

V. Sulphate of cinchonia....15 to 45 grains.
Dilute hydrobromic acid.
Syrup.....of each one fluid ounce.
Mix and write—Teaspoonful in water.

I can discover no difference in the effects of cinchonia and quinine, except that the latter is to be preferred as a stimulant. I prescribe cinchonia because of its cheapness.

VI. Red iodide of mercury.....1 grain.
Dilute hydrobromic acid....1 fluid oz.
Fluid extract of orange peel.
Syrup.....of each four fluid drachms
Mix and write—Teaspoonful in water.

The iodide of mercury is decomposed, the bromide being formed with the elimination of the iodide in the form of hydryotic acid. Mercury may be given in this manner for a long time without producing ptyalism, the salt being rapidly excreted.

VII. Fluid extract of ergot.
Syrup....of each four fluid drachms.
Dilute hydrobromic acid....1 fluid oz.
Mix and write—Teaspoonful in water.

HYDROBROMIC ACID IN CEREBRAL HYPERÆMIA.—I do not believe that any other combination equals this for efficiency in cases of cerebral hyperæmia. It is not only indicated where venesection would appear beneficial, but it may be administered by enema in a case of intercranial hæmorrhage, with the likelihood of arresting the transfusion, by capillary restriction, when an additional depletion of the arterioles, by artificial abstraction of blood, would still further endanger life without influencing the hæmorrhage, and is consequently positively contraindicated.

HYDROBROMIC ACID IN VERTIGO AND EPILEPSY.—Ergot and hydrobromic acid will be found to be promptly useful in the vertigo of plethora, with confusion of ideas, or where a determination of blood to the brain is prone to occur from other causes.

VIII. Fluid extract of stramonium....160 drops.
Dilute hydrobromic acid.
Syrup.....of each one fluid ounce
Mix and and write—one half teaspoonful in water, the dose to be increased until the specific effects of the stramonium are marked, and there to be maintained.

I offer this combination as a prescription for epilepsy. I will simply say of it, that its effects in this disease are remarkable, and I think I have reason to consider it superior to any other plan of medication.

FOR ACUTE BRONCHITIS.

IX. Tartar emetic..... ...2 grains.
Denarcotized tincture of opium....2 fluid drachms.
Dilute hydrobromic acid....1 fluid ounce.
Syrup, to make.....2 fluid ounces.
Mix and write—Teaspoonful in water.

AS A TONIC AND NERVINE.

X. Syrup of bromide of iron.....4 fluid drachms.
Bromide of quinia .....16 grains.
Dilute hydrobromic acid .....1 fluid ounce.
Syrup.....4 fluid drachms.
Mix and write—Teaspoonful in water.

The wide applicability of this tonic is readily suggested by its composition.

HYDROBROMIC ACID IN NERVOUS DYSPEPSIA.—

XI. Sub-carbonate of bismuth,..80 grains.
Dilute hydrobromic acid,..1 fluid ounce.
Dissolve and add
Saccharated pepsine,.....80 grains.
Syrup, to make.....2 fluid ounces.
Mix, filter and write—Teaspoonful in water.

This is preferable to ammoniated citrate of bismuth with pepsine, because it is not only permanent in the bottle, but it is not precipitated in the stomach, as is the citrate. Its indications are evident to the professional reader. To it may be added pancreatine, with or without the pepsine.

I trust I have shown by the foregoing formulas how readily bromine may be exhibited in an elegant manner, combined with other well known remedies. These formulas, however, are only intended as skeletons, upon which a great variety of changes may be rung to suit the "notions" of the presciber.

Elixirs instead of syrups may be substituted, and additions of flavors may be made to render the medicine mor palatable. The doses given are for adults, and the frequency of their repetition in each case is to be determined in accordance with the circumstances.

Sedation is an indication in almost all diseased conditions, not only as a palliative, but to finally obtain radical results, by the greater curative efforts nature may make in the absence of irritation, aided, if necessary, by artificial means. It is no surprise, then, that the only known mineral sedative, being also a powerful alterative, should have found so prominent a place in the medical art; yet taking into consideration the facts that the salts of this drug are the preparations of it almost universally prescribed, and that they must be decomposed in the stomach, and hydrobromic acid produced before the effects of bromine can be obtained in any case, and that these salts cannot conveniently be combined with other medicines, it is an easy matter to gain the impression, that in the light of our present knowledge, there are too many who follow a very clumsy and unscientific method of exhibiting one of our most valuable therapeutic agents.—*Detroit Medical Journal.*

SCRAPS OF PRACTICE.—We are indebted to Dr. J. R. Bristow, Farmington, Texas, for the following notes or "*Clinical Scraps.*"—Case 1. Mrs. F., aged thirty-five, nursing fifth child about ten months old. Attention called to a tumor in the breast size of a partridge egg. Tumor isolated and well defined, painless, no interference with function of gland. Pronounced it innocent enlargement of one of lacteal glands, and advised stimulant liniment, with friction to the part. After giving directions in regard to tumor she said that she had had a like tumor in the same breast when nursing a former child, and it disappeared when the child was weaned. Are these tumors frequent? I do not now recall an allusion to them in medical literature.—B.

Peculiar Insanity.—Case 2. Mr. J., aged twenty-three. Was called to

see him in third week of typhoid fever. Case progressed well for four days, and patient seemed convalescent; fever had ceased entirely, and appetite was returning. While sitting in the sick room one Sabbath evening with every indication of returning health, we were surprised at the exuberant spirits of patient. His mother said she never saw him more lively; but in the whole affair there was an incongruity that led me to suspicion the integrity of his intellect, apart from any delirium incident to the disease. On inquiry, found that his father had died in the asylum, and several of his near relatives had suffered from acute attacks of insanity. These facts gave me the key to much that he said and did in the next ten days, when he was sufficiently recovered to be moved, and passed from under my observation. Reflection: I do not remember to have seen, before or since, insanity complicated with the delirium of typhoid fever. Who has? Hydrate chloral and bromide potassium in equal quantities answered a better purpose in securing rest than opium, belladonna, or henbane.

How to give Podophyllin.—In purgative doses podophyllin is a dangerous drug. It is not only a powerful cathartic, irritant to the bowels, but it also has a powerful effect on the reflex nerves of the stomach, producing a most sickening nausea, and sometimes painful vomiting. I question whether any good accomplished by it as a cathartic compensates for the sickness and prostration it produces. But in very small doses it supplies a place not so will filled by any drug. In $\frac{1}{8}$ to $\frac{1}{4}$ grs. doses it may be used even with infants, and is a powerful corrector of the acid, yeasty stools we so often meet in summer and autumn. As a substitute for mercury in adults, where the occupation compels activity and exposure, it is invaluable. In such cases $\frac{1}{4}$ gr. with rhubarb or aloes, or both, every three hours until a free catharsis, answers all the needs of mercury without its dangers. B.

Scientific Items.

MICA is composed of silex, alumina and potash. There are many varieties. The cleavage of mica is wonderful. Prof. Henry says it may be split into leaves of 250,000 to the inch. It is found in primary formations associated with quartz, etc. It is found in many countries, and is abundant in Middle and North-east Georgia. The uses of mica are various. Diamond dust, with which court dames and our American ladies powder their hair, is ground mica. The costly French silver mouldings are cast from ground mica. The wonderful showers of diamonds I have witnessed in the scenic plays of the "White Fawn" and the "Black Crook," at Niblo's, were mica scales. As a lubricator it is perfection. Mixed with oil it wears longer than any other ingredient. Recent experiments have shown that for any swift running machinery, where the Babbitt metal and other packing have proved at fault, mica packing is perfect; being indestructible by heat, it generates none, and as soon as a good Yankee test is made, the result will be mica-packed boxes for fast, heavy-running machinery, and no more hot boxes or worn journals, being entirely free from grit. For stoves it has now become indispensable, and the demand for clear, transparent mica is rapidly increasing.

FIRE.—Some combustible material in a laboratory, at Columbia College, was fired by rays of light concentrated by a globular glass jar filled with water. It is affirmed that, in the forests of Algeria, fires have resulted through drops of water upon leaves, forming lenses.

"PHARAOH'S SERPENTS' EGGS are made of sulphocyanide of mercury rendered plastic by the addition of a little mucilage. The salt is best obtained from the manufacturing chemist."—*Ex.*

LAVŒSIUM is a new metal named in honor of Lavœsier, and discovered by M. Pratt in Iron Pyrites. It has a silvery white color, malleable and visible.

Editorial and Miscellaneous.

☞All communications relating to the business of THE RECORD, for the year 1877, must be addressed to

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☞Send money by check, postal order or registered letter.

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REMITTANCES FOR 1878.—We shall expect remittances for 1878 to be made on or before, if possible the reception of the January nuumber. Hope as many as can, will remit in the month of December. If all would do so it would greatly facilitate our arrangements for the ensuing year.

Unpaid subscriptions for 1877 are most urgently needed.

OUR JOURNAL.—The next number of our Journal will close the volume for 1877. We have labored hard to make THE RECORD interesting and useful to the busy practitioner. That our labors have not been in vain, we have abundant testimony in the increase of our circulation, and the numerous complimentary expressions to be found in the correspondence of the office. Our volume for 1878 will contain more reading matter and will be gotten up more neatly than heretofore, and at the same low rate of subscription. Its practical character will be rigidly maintained, and renewed efforts will be made to present our readers with the pith and cream of all that is useful, and valuable in the home and foreign Journals, together with practical items and formulæ, from intelligent Medical men in all sections of our country.

The necessity for a cheap practical Journal of this character, in our section of the Union must be clearly apparent to every sensible Medical man; and yet there is a strange and unaccountable indifference among Medical men in the *South*, toward the Journals of their own section, and many will be surprised to learn that nearly half the additions to our list during the prerent year, have been from the extreme Western and Northern States. While we are glad to welcome subscriptions from any direction, yet, we feel that we have a right to expect that the Physicians of Georgia, and the adjacent States should take a special interest in, and work for their own Journal. Once again then we ask, each one of our present subscribers to help us. Renew your subscription, for the coming year, and send us one or more new subscribers, and thus aid us in the important and useful work of promoting Medical literature in the South.

DR. C. G. POLK AND THE *Hospital Gazette*.—It appears that Dr. Polk, of Philadelphia, is charged by the *Hospital Gazette* with being an "Irregular" and connected with a bogus Medical College in Philadelphia. He is also charged with contributing a paper on *Glycirite of Kephaline*, to a number of journals, having in view the advertising of the article for his own pecuniary benefit. We published an article from Dr. Polk in our June number, on the subject named, but had not noticed that the same article was elsewhere published. Subsequently we received an advertisement of the drug alluded to, for insertion in our journal, accompanied with the statement that the paper previously published having benefitted him, he felt it due to us that he furnish an advertisement of the remedy, which he did, and which may be seen in our advertising department. This does not seem to indicate a desire to secure the benefit of an advertisement without an equivalent.

He also writes a communication, denying in strong terms, the charge of being an "Irregular," or of being a Professor in a bogus college, and further vindicates himself against plagiarism, and the other charges preferred.

We, of course, cannot, at this writing, say to what extent, if any, the above charges may have foundation in truth. We hope that Dr. P. will be able fully to exculpate himself from them all.

DEATH OF DR. PAUL F. EVE.—This good man and eminent Surgeon died suddenly in Nashville, on the 3d inst. He was, says the Chattanooga *Dispatch*, by the bed-side of a patient when he suddenly felt a pain in his wrist. He sat down in a chair and dropped his head in his hands. He was laid upon a couch and expired in a few moments without a struggle. He complained of the pain in his wrist at 6: 15 a. m. and by 6: 25 he was dead. Doubtless he died of an affection of the heart, the symptoms of which he had long felt.

"Dr. Eve stood at the head of his profession as a skillful surgeon. As an operator and author he had gained an enviable reputation. He will be painfully missed by his associates and friends in Nashville, and various other cities where he has been called from time to time, by the demands of suffering humanity. He was a bold operator and experienced physician; a true friend and a noble citizen."

As we recur to the period long years ago when, in the prime and vigor of his life, he lectured in Augusta, to large and intelligent classes, we are impressed with both pleasant and melancholy reminiscences. The kind treatment and cordial greetings which, individually, we often received at his hands, we can never forget; and long will hundreds of his surviving pupils cherish the generous and cordial courtesies which he ever extended to the members of his class.

It is sad to know that his manly form is cold in death, and that the eloquence of his voice is forever hushed! Truly the spirit of a great and good man has fled forever, and the Profession has lost one of her noblest and most talented members. Peace to his memory! Peace to his ashes!

W.

SUGAR-COATED PILLS.—A contributor in the August number of our journal having claimed priority of manufacture for the sugar-coated pills of Messrs Bullock & Crenshaw, Wm. R. Warner & Co., of Philadelphia, take issue with the writer, and send us the subjoined correspondence, from which it appears that a mistake has been committed, and the honor of priority, etc., rests with the latter firm.

October 4th, 1877.

Mr. W. R. Warner: Dear Sir—I have just read an article in the "Southern Medical Record" by Dr. Wm. A. Green, Macon, Ga., on sugar-coated pills.

Having been your family physician for thirteen years, and during that time known that you have been constantly manufacturing sugar coated pills, was surprised to see so little credit given you in the article.

I was always under the impression that you were the originator of the process; for at least nineteen years ago I knew of Warner's make of sugar-coated pills.

I understand that the primary board of judges at the Centennial, (consisting of eminent physicians) awarded your house the only medal for sugar-coated pills, and that other firms received a medal from a supplementary board, appointed by the Commission, after the final adjournment of the primary board. Is my information correct?

Respectfully yours,

J. M. BOISSOT, M. D.

Dear Sir:—In reply to your favor of 4th inst. it gives us pleasure to state that your impressions as expressed therein are correct.

Wm. R. Warner made sugar-coated pills for Bullock & Crenshaw and supplied that firm with them, from his private Laboratory, for a period of about eight years prior to 1866, at which time no other individual or firm was similarly engaged in Philadelphia or Pennsylvania. Wm. R. Warner & Co., were awarded the premium by the primary judges of the Centennial. B. & C. obtained a premium from supplementary judges, appointed by the Commission near the close of the exhibition.

We presume the Doctor used statements furnished him as a basis for his essay, and as to their inaccuracy we have positive proof to exhibit when necessary.

Yours respectfully,

WM. R. WARNER & CO.

Judges Report.—"The sugar-coated pills of William R. Warner & Co. are soluble, reliable and unsurpassed in the perfection of sugar-coating, thorough composition and accurate subdivision.

"The pills of PHOSPHORUS, are worthy of special notice. The element is thoroughly diffused and subdivided, yet perfectly protected from oxidation.

A. T. GOSHORN, Director General.

[Attest.] F. R. HAWLEY, President.

F. L. CAMPBELL, [SEAL.]

U. S. SIGNAL SERVICE.—At Fort Whipple, Virginia, the Government has established a school of instruction for those who are to engage in the Signal Service. The parties in attendance are mostly connected with the army, and are taught military signaling, telegraphy and meteorological science. There are now in the United States 171 Stations for making and reporting observations. There are also, several stations in the West Indies, and in British America.

The "synopsis of Probabilities," which is made at the Central Station in Washington, which, in the newspapers, have received the *soubriquet* of "Old Probs," has, by its constantly increasing accuracy, secured the confidence of the people, and led to the hope that almost absolute certainty in weather predictions will ultimately be attained.

In 1872	the percentage of verifications was			76.8
" 1873	"	"	"	77.6
" 1874	"	"	"	84.4
" 1875	"	"	"	87.4
" 1876	"	"	"	88.3

While these observations were orignally instituted for the benefit of commerce and agriculture, it is evident, when we consider the susceptibility of the human system to meterological conditions, that they well deserve the attention of medical men, and should be studied with reference to their bearing upon health and disease. W.

BOOK NOTICES.

Transactions of the American Medical Association. Prize essay. Supplement to volume 27, 1876. (Phil. Collins, Printer, 705 Jayne street.

This is a large volume of over 600 pages, constituting the prize essay of H. Culbertson, M. D. professor of Opthalmology in the Columbus Medical College, etc. Contains tabular statements of operations for excesion of the larger joints of the extremities, with illustrations, etc. The work is valuable, and evinces great labor, skill and diligence on the part of the writer.

Wood's Physicians' Vade Mecum, and Visiting List, arranged and prepared by H. C. Wood, M. D, Professor of Materia Medica, etc., in the University of Pennsylvania, etc

As a memorandum book and visiting list, this is among the best that has ever been prepared in this or any other country. J. B. Lippincott & Co., Philadelphia, Publishers.

Personal Appearance and the Culture of Beauty, with hints as to Character, by T. S. Sozinskey, M. D., Ph. D., Philadelphia. Allen, Lane & Scott, 233 South Fifth Street.

This a neat and pretty little volume of 187 pages, on a subject of considerable interest to the general as well as the professional reader.

New Pessaries, by E. C. Gehrung, M. D., St. Louis, Mo. A pamphlet describing, with illustrations, a new Pessary for Antiflexion. A modified Retroversion Pessary, and a new Retroflexion Pessary.

Interesting, instructive and practical.

The Columbia Hospital and Lying-in Asylum. A Government Institution. Its past and present management. By a citizen of Washington, D. C.